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APPLICANTS

Robert J. Bolender, Davis, CA;

Benjamin C. Rubenson, San Jose, CA;

** CONTINUING DATA ***** N/A ASB
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** FOREIGN APPLICATIONS ***** N/A ASB
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 68	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

WAGNER, MURABITO & HAO LLP
 Third Floor
 Two North Market Street
 San Jose , CA
 95113

TITLE

Capacitive sensing device for use in a keypad assembly

FILING FEE RECEIVED 1782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit